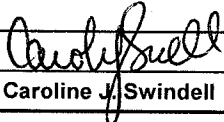


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| | | | |
|---|--------------------|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007 | | Complete if Known Application Number Patent#: 7,221,171 Filing Date Issued: May 22, 2007 First Named Inventor John H. Sohl, III Examiner Name J. M. Hollington Art Unit 2829 Attorney Docket No. 36507-193186 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) 100.00 | | |

| METHOD OF PAYMENT (check all that apply) | | | | | | | |
|---|--------------------------------------|---|-------------------------------|---|--------------------------------------|-----------------|---------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ | | | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 22-0261 | | | Deposit Account Name: Venable LLP | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | | | |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | <input checked="" type="checkbox"/> Credit any overpayments | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity |
| | | | | | | | Fee (\$) Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 25 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 100 |
| Multiple dependent claims | | | | | | | 360 180 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | Multiple Dependent Claims | | |
| 34 | - 55 = | x | = | | Fee (\$) Fee Paid (\$) | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| 9 | - 12 = | x | = | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| | - 100 = | /50 = | | (round up to a whole number) x | = | | |
| 4. OTHER FEE(S) | | | | | | | Fees Paid (\$) |
| Other (e.g., late filing surcharge): 1811 Certificate of correction | | | | | | | 100.00 |

| SUBMITTED BY | | | |
|-------------------|---|-----------------------------------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 56,784 |
| Name (Print/Type) | Caroline J. Swindell | Telephone | (703) 760-1676 |
| | | Date | July 11, 2007 |

| | | |
|--|------------------------|----------------------|
| <h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p> | Application Number | Patent#: 7,221,171 |
| | Filing Date | Issued: May 22, 2007 |
| | First Named Inventor | John H. Sohl, III |
| | Art Unit | 2829 |
| | Examiner Name | J. M. Hollington |
| Total Number of Pages in This Submission | Attorney Docket Number | 36507-193186 |

| ENCLOSURES (Check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Request for Certificate of Correction Pursuant to 37 CFR 1.323 <input checked="" type="checkbox"/> Certificate of Correction <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; width: 100px; height: 20px; float: left; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 100px; margin-top: 5px;"></div> | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | VENABLE LLP | |
| Signature | | |
| Printed name | Caroline J. Swindell | |
| Date | July 11, 2007 | Reg. No. 56,784 |

PATENT PROSECUTION RECEIPT OF FILING

140818

Venable Filing Number

Atty. Docket No: 36507-193186

Title of Application: **ENHANCED SUBSURFACE MEMBRANE INTERFACE PROBE (MIP)**

Application No: 10/666,547

Patent No. : 7,221,171

Attorney/LAA: CJS:cja

PTO Due Date:

Current Date:

Filing Date: September 22, 2003

Issue Date: May 22, 2007

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

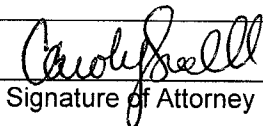
- ☒ **Transmittal Form SB-21**
- ☒ **Fee Transmittal Form SB-17**
- ____ New U.S. Patent Application
- ____ (____ pages of specification/claims)
- ____ Rule 53(d) Continued Prosecution Application
- ____ Rule 53(b) Continuation or Divisional Application
- ____ (attach copy of specification, claims, drawings and declaration)
- ____ U.S. National Stage Application of PCT Application
- ____ Request for Continued Examination (RCE) under 37 CFR 1.114
- ____ Application Data Sheet
- ____ Substitute Specification
- ____ Priority Document-Cert. Copy of
- ____ Appln.#: _____; Country: _____; Date Filed: _____
- ____ Formal Drawings (____ sheets, Figs.)
- ____ Inventor Declaration
- ____ Assignment w/Cover Sheet
- ____ Response to Notice to File Missing Parts
- ____ Response to Notice to File Missing Requirements
- ____ Response to Requirement
- ____ Information Disclosure Statement with cited references
- ____ Petition to Revive
- ____ Sequence Listing – CDR Enclosed? ____ Yes ____ No
- ____ Request for Non-Publication
- ____ Request to Rescind Non-Publication Request
- ____ Terminal Disclaimer
- ____ Notice of Appeal
- ____ Appeal Brief (in triplicate) / Reply Brief (in triplicate)
- ____ Request for Oral Hearing
- ____ Confirmation of Hearing Petition
- ☒ **Yellow filing receipt**
- ☒ **Certificate of Correction**
- ☒ **Request for Certificate of Correction Pursuant to 37 CFR 1.323**
- ____ Status Inquiry
- ____ Other: (Please describe below)

- ____ Filing Fee
- ____ Search Fee
- ____ Examination Fee
- ____ Additional Claim Fee
- ____ Extension Fee
- ____ IDS Fee
- ____ Recordation Fee
- ____ Notice of Appeal Fee
- ____ Brief on Appeal
- ____ Oral Hearing Request Fee
- ____ Publication Fee
- 100.00** **Certificate of Correction Fee**
- ____ Maintenance Fee
- ____ Other Fees (Describe)
- ____
- ____
- 100.00** **Total Fees Paid**

Charge the above fees as follows:

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- ☐ **USPTO not to charge any Deposit Account**

Reviewed By:


Signature of Attorney

Date

